

## U.S. Department of Agriculture - Animal and Plant Health Inspection Service - Plant Protection and Quarantine

## Application for Permit to Receive Soil

**INSTRUCTIONS:** Type or print legibly. Complete each block. Application must have the original signature of the person accepting responsibility for complying with the provisions of the permit. Additional information may be attached on a separate sheet of paper.

1. Origin of shipment(s) <input type="checkbox"/> Hawaii or Puerto Rico <input type="checkbox"/> Various foreign countries <input type="checkbox"/> One Country (Specify) _____	2. Number of shipments per year anticipated <input type="checkbox"/> One only <input type="checkbox"/> Various 3. Quantity per shipment <input type="checkbox"/> Less than 3 lbs. <input type="checkbox"/> Over 3 lbs.
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4. Method of Shipment <input type="checkbox"/> Mail <input type="checkbox"/> Baggage <input type="checkbox"/> Air Cargo <input type="checkbox"/> Sea Cargo <input type="checkbox"/> Overland <input type="checkbox"/> Other _____
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5. Method of packaging (*Must be sturdy and leakproof; please describe*)

6. Port(s) of arrival desired (Specify)	7. Approximate date for arrival of first shipment
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8. If importing less than 3 lbs. Per shipment, will heat sterilization at the port of arrival interfere with intended use?

If **no**, check preferred treatment

☐ Dry Heat

☐ Steam Heat

Forward complete application directly to the Permit Unit, PPQ, APHIS, USDA, 4700 River Road, Unit 136, Riverdale, MD 20737, *if soil is to be treated at the port of arrival.*

If **yes**, then the facility receiving the untreated soil must be inspected and approved to receive, handle, store, and dispose of soil under the conditions of a compliance agreement established by the Agency with a person who is in a position to be responsible for the soil received by the facility under the conditions of the permit. The same person must sign this permit application in block # 14.

**NOTE:** Applications requiring facility approval must be forwarded by the applicant to the State Plant Health Director Office responsible for the State where soil is to be received. **Refer to addresses on the reverse of this form.**

9. Intended Use (*Please provide specific information*)

<input type="checkbox"/> Chemical or physical analysis _____
<input type="checkbox"/> As a growing medium for plants _____
<input type="checkbox"/> For the isolation and/or culture of organisms _____
<input type="checkbox"/> Other _____

10. Precautions to be used to prevent pest dissemination (*Please describe*)

11. Method of final Disposition <input type="checkbox"/> Autoclaving <input type="checkbox"/> Incineration <input type="checkbox"/> Other _____
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**Note:** Please attach a detailed explanation if soil is to be moved or removed from the receiving facility without a sterilizing treatment.

12. Name and address of receiving facility Telephone ( )	13. Applicant's Name ( <i>type or print clearly</i> ) 14. Signature and Date
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## TO BE COMPLETED BY STATE AND FEDERAL REGULATORY OFFICIALS

Recommendation <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Accept USDA Decision	Conditions Recommended		
Signature of State Official	Title	State	Date
Signature of PPQ Official	Title	Work Unit	Date